

<div>DELINEATION OF PRIVILEGES</div> <div>For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5504A-R Must be Completed and Attached to this Form)</div>		1. SPECIALTY			
2. REQUESTED BY		3. DATE			
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS. CHIEF			
Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT APPROVED